0-1		Expectation		Target	Scoring	Federal/State		
Category*	2012	2013	2014		J	Guidance Alignment **		
	Planning Planning							
PL1 CHD Emergency Operations Plan (EOP)	CHD Emergency Operations Plan has been updated within the past 36 months.	CHD Emergency Operations Plan has been updated within the past 36 months.	CHD Emergency Operations Plan has been updated within the past 36 months.	Target: By 2014, 100% of CHDs will meet expectation.	These are Pass/Fail expectations and are scored as follows:	CDC PHEP Capability 3, Emergency Operations Coordination, Function 2		
				Note: CHDs with Project Public Health Ready (PPHR)	1 = Fail 5 = Pass	PHHP SP Objective 1.2 – Planning		
				certification within past 3 years meet this expectation.		PHEP Performance Measure 3.1: Staff Assembly***		
						PHEP Performance Measure 3.2: IAP***		
PL2 County Comprehensive Emergency Management Plan (CEMP)	Approved County Comprehensive Emergency Management Plan identifies roles and responsibilities for the CHD.	Approved County Comprehensive Emergency Management Plan identifies roles and responsibilities for the CHD.	Approved County Comprehensive Emergency Management Plan identifies roles and responsibilities for the CHD.	Target: Meet expectation each year.	These are Pass/Fail expectations and are scored as follows: 1 = Fail 5 = Pass	CDC PHEP Capability 3, Emergency Operations Coordination, Function 4 PHHP SP Objective 1.2 – Planning PHEP Performance Measure 3.1: Staff Assembly*** HPP Performance Measure 3.1: Emergency Operations Coordination***		
PL3 Response Workforce Development	To Be Determined (TBD) Not Scored.	The intent of this expectation is to ensure CHDs have a training plan for response workforce development. Many counties have undergone Project Public Health Ready (PPHR) certification wherein a documented training is required. In addition, DOH required	Workforce development standards will be revisited in 2014.	Target: TBD.	Expectation is in development and will not be scored in 2013.	CDC PHEP Capability 1, Community Preparedness, Function 2 PHEP Performance Measure 1.4: Community Engagement in Recovery Planning (Applied only to the 5 CDC selected Counties)***		

Category*		Expectation		Target	Scoring	Federal/State
Category	2012	2013	2014			Guidance Alignment **
PL4 After Action Report and Improvement Plan (AAR/IP)	Within the past 24 months: CHD conducted an exercise or real-event activation. CHD has completed AAR/IP within 30 days of exercise or activation.	trainings include basic level response training for all employees. Within the past 24 months: CHD conducted an exercise or real-event activation. CHD completed an AAR/IP of the exercise or activation. CHD has completed AAR/IP within 60 days of exercise or activation.	Within the past 24 months: CHD conducted an exercise or real-event activation. CHD completed an AAR/IP of the exercise or activation. CHD has completed AAR/IP within 60 days of exercise or activation.	Target: By 2014, 100% of CHDs will meet expectation.	Within the past 24 months: 1 = CHD conducted an exercise or real event activation. 3 = CHD completed an AAR/IP of the exercise or activation. 5 = CHD completed AAR/IP within 60 days of exercise or	CDC PHEP Capability 3, Emergency Operations Coordination, Function 5 PHHP SP Objective 1.3 – Training, Exercise :& Evaluation PHEP Performance Measure 3.3: AAR and IP***
					activation.	
		Emerge	ency Operations Coordination			
EO1 CHD Decision- Maker for Emergency Operations Center (EOC) Operations	 CHD decision-maker has been identified to support county EOC operations. CHD decision-maker can report for duty within 60 minutes of request. CHD decision-maker has been exercised or tested within last 12 months. 	 CHD decision-maker has been identified to support county EOC operations. CHD decision-maker can report for duty within 60 minutes of request. CHD decision-maker has been exercised or tested within last 12 months. 	 CHD decision-maker has been identified to support county EOC operations. CHD decision-maker can report for duty within 60 minutes of request. CHD decision-maker has been exercised or tested within last 12 months. 	Target: Meet expectation each year.	1 = CHD decision- maker identified to support EOC operations. 3 = CHD decision- maker identified to support EOC operations and can report for duty within 60 minutes. 5 = CHD decision- maker identified, can report to duty within 60 minutes and has been tested within last 12 months.	CDC PHEP Capability 3, Emergency Operations Coordination, Function 2 PHHP SP Objective 2.1 – Emergency Operations Coordination PHEP Performance Measure 3.1: Staff Assembly***
EO2 Continuity of Operations	 CHD has an approved Continuity of Operations Plan (COOP). COOP has been 	 CHD has an approved (COOP). COOP has been exercised or activated within the last 	 CHD has an approved (COOP). COOP has been exercised or activated within the last 	Target: Meet expectation each year.	1 = COOP is approved w/in last 24 months, but not tested. 3 = COOP is approved and	CDC PHEP Capability 3, Emergency Operations Coordination, Function 4 PHHP SP Objective 2.1 -

Cotomorus*		Expectation		Target	Scoring	Federal/State
Category*	2012	2013	2014			Guidance Alignment **
	exercised or activated within the last 24 months. COOP results have been documented in AAR/IP.	 24 months. COOP results have been documented in AAR/IP. 	 24 months. COOP results have been documented in AAR/IP. 		exercised/activated w/in past 24 months. 5 = COOP is approved, exercised/activated and documented in AAR/IP w/in past 24 months.	Emergency Operations Coordination HPP Performance Measure 2.1: Healthcare System Recovery
EO3 Notification Contacts	List of contacts for notification of public health issues is available and reviewed/updated at least annually.	List of contacts for notification of public health issues is available and reviewed/updated at least annually.	List of contacts for notification of public health issues is available and reviewed/updated at least annually.	Target: Meet expectation each year.	These are Pass/Fail expectations and are scored as follows: 1 = Fail 5 = Pass	CDC PHEP Capability 4, Emergency Public Information & Warning, Function 5 PHHP SP Objective 2.2 – Information Sharing PHEP Performance Measure 4.1: Public Message Dissemination***
EO4 Florida Department of Health Emergency Notification System (FDENS) Alerts	 CHD Key Contacts are identified to receive state level alerts. CHD Key Contacts are registered FDENS users. CHD Key Contacts respond to state level alerts, drills and real events within 30 minutes or less. 	 CHD Key Contacts are identified to receive state level alerts. CHD Key Contacts are registered FDENS users with CHD Key Contact role. CHD Key Contacts respond to state level alerts, drills, and real events within 30 minutes or less. 	 CHD Key Contacts are identified to receive state level alerts. CHD Key Contacts are registered FDENS users with CHD Key Contact role. CHD Key Contacts respond to state level alerts, drills, and real events within 30 minutes or less. Note: FDENS is to become the Florida Notification Responder Management System (FNRMS) during 2014. 	Target: By 2014, CHD 100% of identified Key Contacts respond to notification within 30 minutes.	Actual time is from FDENS alert report. Expectation is scored as follows: % of identified individuals responding within 30 minutes or less. 1 = 0% - 20% 2 = 21% - 40% 3 = 41% - 60% 4 = 61% - 80% 5 = 81% - 100% CHDs participating in multiple alerts, drills, and real events should use results from the activity that produced	CDC PHEP Capability 4, Emergency Public Information & Warning, Function 5 PHHP SP Objective 2.2 – Information Sharing PHEP Performance Measure 4.1: Public Message Dissemination*** PHEP Performance Measure 3.1: Staff Assembly*** PHEP Performance Measure 6.2: Share Epidemiological/Clinical Data (LHDs)***

Category*		Expectation		Target	Scoring	Federal/State
Category	2012	2013	2014			Guidance Alignment **
					the best percentage score possible.	
		C	ommunity Preparedness			
CP1 Risk Assessment	TBD Not Scored.	The intent of this expectation is to determine if the CHDs are considering hazard vulnerability or risk assessment in local planning. DOH headquarters is developing an online risk assessment tool that will be piloted this year. It is expected that 2014 criteria will focus on CHD training for using the tool	This expectation will be revisited in 2014.	Target: TBD.	Expectation is under development, and will not be scored in 2013.	CDC PHEP Capability 1, Community Preparedness, Function 1 PHEP Performance Measure 1.2: Community Engagement in Risk Identification (Applies only to the 5 CDC selected Counties)***
CP2 Vulnerable Populations	Conduct vulnerable populations assessment.	Assessment complete and reviewed within last 24 months.	Assessment complete and reviewed within last 24 months.	Target: By 2014, completed assessments exist for 100% of identified vulnerable populations.	CHD determines actual numerator and denominator. Percentage calculated and scored as follows: 1 = 0% - 20% 2 = 21% - 40% 3 = 41% - 60% 4 = 61% - 80% 5 = 81% - 100%	CDC PHEP Capability 1, Community Preparedness, Function 1 PHHP SP Objective 6.1 – Community Preparedness PHEP Performance Measures 1.2: Community Engagement in Risk Identification (Applies only to the 5 CDC selected Counties) PHEP Performance Measures 1.4: Community Engagement in Recovery Planning (Applies only to the 5 CDC selected Counties)****
CP3 Community Engagement	Community agencies participate in public health, medical and/or	Community agencies participate in public health, medical and/or	Community agencies participate in public health, medical and/or	Target: By 2014, 90% of community sectors composed of key	CHD determines actual numerator and denominator.	CDC PHEP Capability 1, Community Preparedness, Functions 1 and 2

Cotogory*		Expectation		Target	Scoring	Federal/State
Category*	2012	2013	2014			Guidance Alignment **
	mental/behavioral health-related emergency preparedness efforts.	mental/behavioral health-related emergency preparedness efforts.	mental/behavioral health-related emergency preparedness efforts.	agencies and organizations identified by CHDs will have been engaged to participate in public health, medical and/or mental/behavioral health-related emergency preparedness efforts.	Percentage calculated and scored as follows: 1 = 0% - 20% 2 = 21% - 40% 3 = 41% - 60% 4 = 61% - 80% 5 = 81% - 100%	PHHP SP Objective 6.1 – Community Preparedness PHEP Performance Measures 1.3: Community Engagement in Public Health Preparedness Activities (Applies only to the 5 CDC selected Counties)*** PHEP Performance Measures 1.4: Community Engagement in Recovery Planning (Applies only to the 5 CDC selected Counties)***
			Mass Care			
MC1 Special Needs Sheltering (SpNS) Operations	 Within past 36 months: SpNS Operations Plans are approved. Plans are tested through exercise or activation. Results documented in AAR/IP within 30 days of the exercise or activation. 	 Within past 36 months: SpNS Operations Plans are approved. Plans are tested through exercise or activation. Results are documented in AAR/IP within 30 days of the exercise or activation. 	 Within past 36 months: SpNS Operations Plans are approved. Plans are tested through exercise or activation. Results are documented in AAR/IP within 30 days of the exercise or activation. 	Target: Meet expectation each year.	1 = Plan is approved in last 36 months, but not tested. 3 = Plan is approved & exercised/activated in past 36 months. 5 = Plan is approved, exercised/activated and documented in AAR/IP in past 36 months.	CDC PHEP Capability 7, Mass Care, Functions 2 and 3 PHHP SP Objective 3.3 – Mass Care PHEP Evaluation Tool 7.0 for Mass Care Operations PHEP Performance Measure 7.2: Define Role with Partners (LHDs)***
MC2 Functional Needs Support Services (FNSS)	Participate in local FNSS planning.	CHD roles and responsibilities for local implementation of FNSS are documented in CHD EOP.	CHD roles and responsibilities for local implementation of FNSS are documented in CHD EOP.	Target: By 2014, the CHD roles and responsibilities for local implementation of Functional Needs Support Services are documented in the CHD EOP.	This is a Pass/Fail expectation and scored as follows: 1 = Fail 5 = Pass	CDC PHEP Capability 7, Mass Care, Functions 2 and 4 PHHP SP Objective 3.3 – Mass Care PHEP Evaluation Tool 7.0

Cotogory*		Expectation		Target	Scoring	Federal/State
Category*	2012	2013	2014			Guidance Alignment **
						for Mass Care Operations PHEP Performance Measure 7.2: Define Role with Partners (LHDs)***
MC3 Shelter Surveillance	Selected CHDs participate in developing shelter surveillance standards, tools and processes. Not Scored.	DOH BPR will research and review standard shelter surveillance tools to be shared with CHDs.	This expectation will be revisited in 2014.	Target: TBD.	Expectation is in development and will not be scored in 2013.	CDC PHEP Capability 7, Mass Care, Function 2 PHHP SP Objective 3.3 – Mass Care PHEP Evaluation Tool 7.0 for Mass Care Operations PHEP Performance Measure 7.2: Define Role with Partners (LHDs)***
		Crisis & Er	mergency Risk Communications			
CE1 Risk Communication Messaging Development and Dissemination	Within the past 24 months: Risk communication message development and dissemination procedures are documented. Procedures are tested to ensure message can be disseminated to public within 3 hours of incident. Results are documented in an AAR/IP.	Within the past 24 months: Risk communication message development and dissemination procedures are documented. Procedures are tested to ensure message can be disseminated to public within 3 hours of incident. Results are documented in an AAR/IP.	Within the past 24 months: Risk communication message development and dissemination procedures are documented. Procedures are tested to ensure message can be disseminated to public within 3 hours of incident. Results are documented in an AAR/IP.	Target: By 2014, risk communications messages can be disseminated to public within 3 hours of event.	1 = Processes are documented, but not tested within last 24 months. 3 = Processes are documented and exercised/activated within past 24 months. 5 = Processes are documented, exercised/activated and documented in AAR/IP within past 24 months.	CDC PHEP Capability 4, Emergency Public Information and Warning, Function 1 PHHP SP Objective 1.4 – Crisis and Emergency Risk Communications PHEP Performance Measure 4.1: Public Message Dissemination***
CE2 Public Information Officer (PIO) and Spokespersons	CHD has designated PIO trained to DOH Crisis and Emergency Risk Communication (CERC) standards as well as epidemiology and environmental health	CHD has designated PIO trained to DOH CERC standards as well as epidemiology and environmental health spokesperson(s) trained to DOH CERC standards.	CHD has designated PIO trained to DOH CERC standards as well as epidemiology and environmental health spokesperson(s) trained to DOH CERC standards.	Target: By 2014, 100% of designated PIOs and spokespersons are trained to DOH CERC standards.	Expectation will be scored as follows: 1 = PIO designated but not trained. 3 = PIO designated and trained.	CDC PHEP Capability 4, Emergency Public Information and Warning, Function 1 PHHP SP Objective 1.4 – Crisis and Emergency Risk

Cotomorus*	Cotomoni* Expectation			Target	Scoring	Federal/State
Category*	2012	2013	2014		_	Guidance Alignment **
	(EPI/EH) spokesperson(s) trained to DOH CERC standards.				4 = PIO designated and trained and EPI/EH spokesperson(s) designated but not trained. 5 = PIO designated and trained and EPI/EH spokesperson designated and trained.	Communications
CE3 Joint Information Center/Joint Information System Participation	 Local Joint Information Center/Joint Information System Operations lead has list of health and medical contacts. CHD submits updated list of health and medical contacts to local lead at least annually. 	 Local Joint Information Center/Joint Information System Operations lead has list of health and medical contacts. CHD submits updated list of health and medical contacts to local lead at least annually. 	 Local Joint Information Center/Joint Information System Operations lead has list of health and medical contacts. CHD submits updated list of health and medical contacts to local lead at least annually. 	Target: Meet expectation each year.	This is a Pass/Fail expectation and scored as follows: 1 = Fail 5 = Pass	CDC PHEP Capability 4, Emergency Public Information and Warning, Functions 1 and 3 PHHP SP Objective 1.4 – Crisis and Emergency Risk Communications
		Res	sponder Safety and Health			
RS1 N-95 Fit Testing	CHD procedures for conducting medical clearance are reviewed and updated annually Roster of qualified and trained staff to conduct fit testing is reviewed and updated annually.	 CHD procedures for conducting medical clearance are reviewed and updated annually Roster of qualified and trained staff to conduct fit testing is reviewed and updated annually. 	CHD procedures for conducting medical clearance are reviewed and updated annually Roster of qualified and trained staff to conduct fit testing is reviewed and updated annually.	Target: Meet expectation each year.	This is a Pass/Fail expectation and scored as follows: 1 = Fail 5 = Pass	CDC PHEP Capability 14, Responder Safety and Health, Function 3 PHHP SP Objective 4.3 – Responder Safety and Health PHEP Performance Measure 14.2: Deployment Safety and Health Program (Local Health Departments (LHDs))*** PHEP Performance Measure 14.3: Screening/Out-Processing
RS2 Responder Risk and Mitigation	Select counties participate in workgroup	This expectation will not be scored in 2013.	This expectation will be revisited in 2014.	Target: TBD.	Expectation is under development, and will	CDC PHEP Capability 14, Responder Safety and

Category*		Expectation		Target	Scoring	Federal/State
Category	2012	2013	2014			Guidance Alignment **
	to identify and prioritize potential risks to responders. Not Scored.	DOH BPR will finalize the Responder Safety and Health Annex to standardize risk and mitigation guidance and disseminate to CHDs.			not be scored in 2013.	Health, Function 3 PHHP SP Objective 4.3 – Responder Safety and & Health PHEP Performance Measure 14.2: Deployment Safety and Health Program (LHDs)*** HPP Performance Measure 14.1: Deployment Safety and Health Program (Awardee)***
		Medical Countern	neasure Dispensing (Mass Prop	hylaxis)		(**************************************
MP1 Medical Countermeasure Dispensing	 Within the past 36 months: Medical Countermeasure Dispensing Plan, including all 5 elements, has been approved. Plan has been tested through exercise or activation. Results are documented in AAR/IP. 	 Within the past 36 months: Medical Countermeasure Dispensing Plan, including all 5 elements, has been approved. Plan has been tested through exercise or activation. Results are documented in AAR/IP. 	 Within the past 36 months: Medical Countermeasure Dispensing Plan, including all 5 elements, has been approved. Plan has been tested through exercise or activation. Results are documented in AAR/IP. 	Target: By 2014, 100% of CHDs will have approved and tested Medical Countermeasure Dispensing plan that includes procedures to: Request. Receive. Dispense. Report medical countermeasures. Reporting adverse events.	1 = Plan is approved within last 36 months, but not tested. 3 = Plan is approved and exercised/ activated within past 36 months. 5 = Plan is approved, exercised/activated and documented in AAR/IP within past 36 months.	CDC PHEP Capability 8, Medical Countermeasures Dispensing, Functions 1, 2, 3 and 4 PHHP SP Objective 4.1 – Medical Countermeasures Dispensing PHEP Performance Measure 8.0: Medical Countermeasures Distribution and Dispensing (MCMDD) composite measure***
			reillance & Epidemiological Inve			
EPI1 Competencies and Skills in Applied Epidemiology	Counties with population greater than 100,000: Epidemiologist calls in to at least 20 Bi-weekly Epidemiology Conference Calls or regional calls per year and attends 3 Grand	Counties with population greater than 100,000: Epidemiologist calls in to at least 20 Bi-weekly Epidemiology Conference Calls or regional calls per year and attends 3 Grand	Counties with population greater than 100,000: Epidemiologist calls in to at least 20 Bi-weekly Epidemiology Conference Calls or regional calls per year and attends 3 Grand	Target: Meet expectation each year.	These are Pass/Fail expectations and are scored as follows: 1 = Fail 5 = Pass	CDC PHEP Capability 13, Public Health Surveillance and Epidemiological Investigation, Function 1 PHHP SP Objective 5.1 – Surveillance and

Category*		Expectation		Target	Scoring	Federal/State
Category	2012	2013	2014			Guidance Alignment **
	Rounds presentations per year. Counties with population less than 100,000: Epidemiologist calls into at least 12 bi-weekly epidemiology conference calls or regional calls during year and attends 3	Rounds presentations per year. Counties with population less than 100,000: Epidemiologist calls into at least 12 bi-weekly epidemiology conference calls or regional calls during year and attends 3	Rounds presentations per year. • Counties with population less than 100,000: Epidemiologist calls into at least 12 bi-weekly epidemiology conference calls or regional calls during year and attends 3			Epidemiological Investigation PHEP Performance Measures 13.1: Disease Reporting*** PHEP Performance Measures 13.2: Disease Control***
EPI2 24/7 Health Department Access to Collect, Review and Respond to Reports of Selected Diseases	Grand Rounds presentations per year. Process exists to ensure 24/7/365 reporting of cases and suspected cases. Data provided via 75% or higher rate of disease reporting within 14 days. 30% or less annual error rate or unknown values for selected diseases.	 Grand Rounds presentations per year. Process exists to ensure 24/7/365 reporting of cases and suspected cases. Data provided via 77% or higher rate of disease reporting within 14 days. 30% or less annual error rate or unknown values for selected diseases. 	Grand Rounds presentations per year. Process exists to ensure 24/7/365 reporting of cases and suspected cases. Data provided via 77% or higher rate of disease reporting within 14 days. 30% or less annual error rate or unknown values for selected diseases.	Target: Meet expectation each year.	Process exists to ensure 24/7/365 reporting of cases and suspected cases: 1 = Fail 5 = Pass Data provided via 77% or higher rate of disease reporting within 14 days: 1 = Fail 5 = Pass 30% or less annual error rate or unknown values for selected diseases. 1 = Fail 5 = Pass	CDC PHEP Capability 13, Public Health Surveillance and Epidemiological Investigation, Function 1 PHHP SP Objective 5.1 – Surveillance and Epidemiological Investigation PHEP Performance Measures 13.1: Disease Reporting*** PHEP Performance Measures 13.2: Disease Control***
EPI3 Florida Poison Information Center Network (FPICN) using Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE).	 Counties with population greater than 100,000 have at least one epidemiologist trained and routinely using FPICN data in the ESSENCE system. Counties with population less than 100,000 have 	 Counties with population greater than 100,000 have at least one epidemiologist trained and routinely using FPICN data in the ESSENCE system. Counties with population less than 100,000 have at 	 Counties with population greater than 100,000 have at least one epidemiologist trained and routinely using FPICN data in the ESSENCE system. Counties with population less than 100,000 have at 	Target: By 2014, 100% of CHDs will meet the expectation.	These are Pass/Fail expectations and are scored as follows: 1 = Fail 5 = Pass	CDC PHEP Capability 8, Medical Countermeasures Dispensing, Functions 5 CDC PHEP Capability 13, Public Health Surveillance and Epidemiological Investigation, Function 2

Cotogon/*	Expectation			Target	Scoring	Federal/State
Category*	2012	2013	2014			Guidance Alignment **
	at least one epidemiologist trained to use the FPICN data in the ESSENCE system.	least one epidemiologist trained to use the FPICN data in the ESSENCE system.	least one epidemiologist trained to use the FPICN data in the ESSENCE system.			PHHP SP Objective 4.1 – Medical Countermeasures Dispensing

*Expectation Numbering Convention: Each expectation will have a two or three letter identifier and a number which identifies the expectation within the general capability grouping; for example, PL1 is assigned to the expectation "CHD Emergency Operations Plan" as the first expectation within the general capability grouping of Planning.

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•	PL	Planning	PL1, PL2, PL3, PL4
•	EO	Emergency Operations Coordination	EO1, EO2, EO3, EO4
•	CP	Community Preparedness	CP1, CP2, CP3
•	MC	Mass Care	MC1, MC2, MC3
•	CE	Crisis and Emergency Risk Communications	CE1, CE2, CE3
•	RS	Responder Safety and Health	RS1, RS2
•	MP	Medical Countermeasures Dispensing	MP1
•	EPI	Public Health Surveillance and Epidemiological Investigation	EPI1, EPI2, EPI3

**Federal State Alignment References:

- ASPR HPP Healthcare Preparedness Capabilities: National Guidance for Healthcare Systems Preparedness, January 2012.
- CDC PHEP Public Health Emergency Preparedness Capabilities: National Standards for State and Local Planning, March 2011.
- ASPR HPP Performance Measure Manual Guidance for using the New Performance Measures-Version 2.0, July 2012.
- CDC PHEP Budget Period 1 Performance Measure Specifications and Implementation Guidance; Version 1.1, July 2012.
- Florida Department of Health Florida Public Health and Healthcare Preparedness 2012-14 Strategic Plan, January 2012.

*** NOTE: The CDC has significantly streamlined its performance measures based on feedback received from various preparedness stakeholders, and new guidance for budget period (BP) 2 will become effective July 1, 2013. These changes will be incorporated into the next regularly scheduled revision to the CHD Expectations. Performance measures denoted by a triple asterisk are identified as one of several measures that have been revised, consolidated, or removed according to the Budget Period 2 Performance Measure Specification and Implementation Guidance.